

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
								CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7	1						57				
8		1					58				
9		1					59				
10		1					60				
11		1					61				
12	1						62				
13		1					63				
14		1					64				
15		1					65				
16	1						66				
17		1					67				
18	1						68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
<b>TOTAL IND.</b>	5						<b>TOTAL IND.</b>				
<b>TOTAL DEP.</b>	13	1	1	1	1	1	<b>TOTAL DEP.</b>	1	1	1	1
<b>TOTAL CLAIMS</b>	18						<b>TOTAL CLAIMS</b>	1	1	1	1